



## MINNESOTA CERTIFICATE OF BIRTH APPLICATION

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

**Make sure all boxes are complete or your application may be returned.**

If you have any questions, please contact the Yellow Medicine County Property & Public Services Dept. at 320-564-3132

PART I: Birth Record Information		
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	SEX	CITY & COUNTY OF BIRTH
MOTHER'S FIRST NAME	MIDDLE NAME	MAIDEN NAME
FATHER'S FIRST NAME	MIDDLE NAME	LAST NAME

PART II: Requester Information	
NAME (PLEASE PRINT)	DATE OF BIRTH
MAILING ADDRESS (Federal Express will not deliver to P.O. boxes or A.P.O addresses)	
CITY	STATE
ZIP	
DAYTIME PHONE	EMAIL

**PART III: What is your relationship to the subject of the record (tangible interest)? You must check one.**

☐ I am the subject of the record      ☐ I am the child of the subject      ☐ I am the spouse of the subject

☐ I am a parent listed on the record      ☐ I am the grandparent of the subject      ☐ I am the grandchild of the subject

☐ I am the party responsible for filing the birth record

☐ I am the legal custodian, guardian or conservator of the subject (submit a certified copy of a court order showing this relationship)

☐ I am the health care agent of the subject (you must submit a health care agent power of attorney)

☐ I am a personal representative and the certified copy is required for the administration of the estate (you must submit a sworn affidavit of the fact that the certified copy is required for administration of the estate)

☐ I am a successor of the subject as defined my MN statutes, section 524.1-201, and the subject is deceased (you must include a sworn affidavit of the fact that the certified copy is required for administration of the estate)

☐ I have documentation that the record is necessary for the determination or protection of personal or property rights (you must submit documentation showing this relationship)

☐ I represent an adoption agency and the record is needed to complete a confidential post-adoption search (you must submit a copy of your employee ID)

☐ I am an attorney and I have attached proof of my licensure

☐ I am presenting your office with a court order issued by a court of competent jurisdiction (this must be a certified copy)

☐ I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties (please submit a copy of your employee ID)

☐ I am a representative authorized by a person listed above (you must submit a notarized statement from a person listed above)

PURPOSE FOR YOUR REQUEST (optional)

PART IV: Signature and Notary (application must be signed in front of a notary if applying by mail or fax)	
I certify that the information provided on this application is accurate and complete to the best of my knowledge.	
REQUESTER'S SIGNATURE	
Signed or attested before me on: _____ day of _____, 20____	NOTARY STAMP/SEAL
NOTARY PUBLIC SIGNATURE	
MY COMMISSION EXPIRES:	